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THE LAW OFFICES OF
ANDREW D. FORTNEY, Ph.D., P.C.
401 W. FALLBROOK AVENUE, SUITE 204
FRESNO, CALIFORNIA 93711

WWW.FORTNEYLAW.COM

TELEPHONE: (559) 432-6847
FAX: (559) 432-6872
EMAIL: INFO@FORTNEYLAW.COM

ANDREW D. FORTNEY, Ph.D.

ALEC B. PLUMB

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COMPANY: COMMISSIONER FOR PATENTS / P.O. BOX 1450, ALEXANDRIA VA 22313-1450

FAX: 1 (571) 273-8300

DATE: 02-14-2008TIME: 12 : 40 ~~AM~~ / PM

- ☐ WITH CONFIRMATION
☒ WITHOUT CONFIRMATION

RE: APPLICATION NO. 10/676,645FILED: October 1, 2003

I hereby certify that this document and all documents listed below are being transmitted via facsimile to
Commissioner for Patents, fax no. (571) 273-8300, on February 14, 2008.

By: Ann L. Taylor

Ann L. Taylor

SUBMITTED HERewith FOR THE ABOVE-CAPTIONED APPLICATION:

- Transmittal Form
- Fee Transmittal
- Credit Card Payment Form
- Petition for Extension of Time
- Request for Continued Examination

Respectfully submitted,



Andrew D. Fortney, Ph.D.; Reg. No. 34,600

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PTO/SB/21 (10-07)


Approved for use through 10/31/2007. OMB 0651-0031

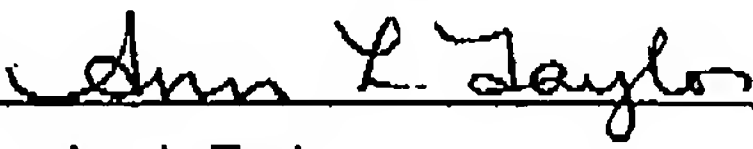
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/676,645	
	Filing Date	October 1, 2003	
	First Named Inventor	Gyung-Su CHO	
	Art Unit	2811	
	Examiner Name	Nadav, Ori	
Total Number of Pages in This Submission	6	Attorney Docket Number	OPP-GZ-2007-0009-US-00

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Fax Transmission Cover Page - Credit Card Payment Form - Request for Continued Examination
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	The Law Offices of Andrew D. Fortney, Ph.D., P.C.		
Signature			
Printed name	Andrew D. Fortney, Ph.D.		
Date	02-14-2008	Reg. No.	34,600

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Ann L. Taylor	Date	02-14-2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0851-0032

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 930

Complete if KnownRECEIVED
CENTRAL FAX CENTER

Application Number	10/676,645
Filing Date	October 1, 2003
First Named Inventor	Gyung-Su CHO
Examiner Name	Nadav, Ori
Art Unit	2811
Attorney Docket No.	OPP-GZ-2007-0009-US-00

FEB 14 2008

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	0
Design	210	105	100	50	130	65	0
Plant	210	105	310	155	160	80	0
Reissue	310	155	510	255	620	310	0
Provisional	210	105	0	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

210	105
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Multiple dependent claims

370	185
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	0	50	0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	0	210	0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
	370	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(round up to a whole number) x	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)
0

Other (e.g., late filing surcharge): Petition for 1-month Ext. of Time (\$120.) and Request for Continued Exam. (\$810.)

930

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	34,600	Telephone	559-432-6847
Name (Print/Type)	Andrew D. Fortney, Ph.D.			Date	02-14-2008

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